

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

PEOPLE FOR FRANK HOWARD

ADDRESS (number and street) ▼

21645 RIPPLEMEAD DRIVE



Check if different than previously reported. (ACC)

LAYTONSVILLE

MD

20882

2. FEC IDENTIFICATION NUMBER ▼

C

C00581611

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

MD

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2015

through

M M / D D / Y Y Y Y

09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DENISE HOWARD

Signature of Treasurer DENISE HOWARD

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 14

Write or Type Committee Name

**PEOPLE FOR FRANK HOWARD**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	18063.41	18063.41
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	18063.41	18063.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	10938.45	10938.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	10938.45	10938.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7124.96	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

PEOPLE FOR FRANK HOWARD

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

17372.41

17372.41

(ii) Unitemized.....

691.00

691.00

(iii) TOTAL of contributions from individuals ▶

18063.41

18063.41

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

18063.41

18063.41

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

18063.41

18063.41

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10938.45	10938.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	10938.45	10938.45

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18063.41
25. SUBTOTAL (add Line 23 and Line 24).....	18063.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10938.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7124.96

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PEOPLE FOR FRANK HOWARD

Full Name (Last, First, Middle Initial)

KENNETH AUSTIN

Mailing Address 1725 S. BASCOM AVENUE

City

CAMPBELL

State

CA

Zip Code

95008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARTICULATED SOLUTIONS, INC

Occupation

CREATIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHARON BEGOSH

Mailing Address 18922 CLOVER HILL LANE

City

OLNEY

State

MD

Zip Code

20832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARYLAND PAROLE COMMISSION

Occupation

PAROLE COMMISSIONER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		09		2015

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JACK BIDDLE

Mailing Address 8606 VILLAGE PARK PLACE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOVAK BIDDLE

Occupation

GENERAL PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		14		2015

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**JAQUELINE GOODIE****A.**

Mailing Address 4030 GREAT HARVEST COURT

City

DUMFRIES

State

VA

Zip Code

22025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

**Transaction ID : SA11AI.4136**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ANITA R. GREENSTONE****B.**

Mailing Address 1820 EAGLES RIDGE COURT

City

SUNSHINE

State

MD

Zip Code

20833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11AI.4221**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FRANK HOWARD****C.**

Mailing Address 21645 RIPPLEMEAD DRIVE

City

LAYTONSVILLE

State

MD

Zip Code

20882

FEC ID number of contributing  
federal political committee.

C H6MD06204

Name of Employer

SHIPLEY ASSOCIATES

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

372.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2015

**Transaction ID : SA11AI.4106**

Amount of Each Receipt this Period

372.41

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3372.41

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

PEOPLE FOR FRANK HOWARD

Full Name (Last, First, Middle Initial)

FRANK HOWARD Sr.

A.

Mailing Address 2009 SHADY ROAD

City

ELIZABETH CITY

State

NC

Zip Code

27909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JACKIE HOWARD

B.

Mailing Address 2009 SHADY DRIVE

City

ELIZABETH CITY

State

NC

Zip Code

27909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAE HWANG

C.

Mailing Address 9114 JOHN SIMMONS STREET

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOVERNMENT

Occupation

LAW ENFORCEMENT OFFICER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2015

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

PEOPLE FOR FRANK HOWARD

Full Name (Last, First, Middle Initial)

LOU IAQUINTA

Mailing Address 24201 HAWKINS LANDING

City

LAYTONSVILLE

State

MD

Zip Code

20882

FEC ID number of contributing federal political committee.

C

Name of Employer

IKO REAL ESTATE

Occupation

PRESIDENT &amp; CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALLYSON MCMAHON

Mailing Address 10500 ROCK RUN DRIVE

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period

1000.00

In-kind - GRAPHIC DESIGN SERVICES

Full Name (Last, First, Middle Initial)

E. BRETT MCMAHON

Mailing Address 10500 ROCK RUN DRIVE

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing federal political committee.

C

Name of Employer

MILLER &amp; LONG, DC, INC.

Occupation

CONSTRUCTION EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**DAVID F. MISTER****A.**Mailing Address 30 E PADONIA ROAD  
#404

City	State	Zip Code
LUTHERVILLE	MD	21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MISTER, WINTER & BARTLETT LLCOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period

750.00

In-kind - LEGAL CONSULTING

Full Name (Last, First, Middle Initial)

**GARTH C. PHOEBUS****B.**

Mailing Address 2050 SPRING RUN CIRCLE

City	State	Zip Code
FREDERICK	MD	21702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GARTH PHOEBUS PHOTOGRAPHYOccupation  
PHOTOGRAPHER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2015

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period

2500.00

In-kind - PHOTOGRAPHY

Full Name (Last, First, Middle Initial)

**CHRIS SPRANGEL****C.**

Mailing Address 235 N. REGENT STREET

City	State	Zip Code
PORT CHESTER	NY	10573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGENERON GENETIC CENTEROccupation  
DIRECTOR, IT/HUMAN GENETICS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		14		2015

**Transaction ID : SA11AI.4127**

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3550.00

17372.41

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. AMETHYST STRATEGIES**

Mailing Address 12709 MARTIN ROAD

City	State	Zip Code
SMITHSBURG	MD	21783

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4181

**B. FRANK HOWARD**

Mailing Address 21645 RIPPLEMEAD DRIVE

City	State	Zip Code
LAYTONSVILLE	MD	20882

Purpose of Disbursement  
OFFICE SUPPLIES/POST OFFICE BOX RENTAL

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: MD District: 06

Date of Disbursement

M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Disbursement this Period

2082.73
---------

Transaction ID : SB17.4145

**C. USPS**

Mailing Address 17533 REDLAND ROAD

City	State	Zip Code
DERWOOD	MD	20855

Purpose of Disbursement  
POST OFFICE BOX RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Disbursement this Period

240.00
--------

Transaction ID : SB17.4145.0

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4582.73

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. HBP, INC.**

Mailing Address 952 FREDERICK ST

City	State	Zip Code
HAGERSTOWN	MD	21740

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2015

Amount of Each Disbursement this Period

769.24
--------

Transaction ID : SB17.4145.6

**[MEMO ITEM]****B. HBP, INC.**

Mailing Address 952 FREDERICK ST

City	State	Zip Code
HAGERSTOWN	MD	21740

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2015

Amount of Each Disbursement this Period

703.31
--------

Transaction ID : SB17.4145.7

**[MEMO ITEM]****C. FRANK HOWARD**

Mailing Address 21645 RIPPLEMEAD DRIVE

City	State	Zip Code
LAYTONSVILLE	MD	20882

Purpose of Disbursement  
PRINTING/EVENT ADMISSION/MILEAGE

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: MD

District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

1055.58
---------

Transaction ID : SB17.4188

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1055.58

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 17533 REDLAND ROAD

City	State	Zip Code
DERWOOD	MD	20855

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

5.95
------

Transaction ID : SB17.4188.0

**[MEMO ITEM]****B. USPS**

Mailing Address 17533 REDLAND ROAD

City	State	Zip Code
DERWOOD	MD	20855

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

147.00
--------

Transaction ID : SB17.4188.4

**[MEMO ITEM]****C. TARGET**

Mailing Address 20908 FREDERICK ROAD

City	State	Zip Code
GERMANTOWN	MD	20876

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

143.09
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Transaction ID : SB17.4188.11

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. ALLYSON MCMAHON**

Mailing Address 10500 ROCK RUN DRIVE

City	State	Zip Code
POTOMAC	MD	20854

Purpose of Disbursement  
In-kind - GRAPHIC DESIGN SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4218

**B. DAVID F. MISTER**Mailing Address 30 E PADONIA ROAD  
#404

City	State	Zip Code
LUTHERVILLE	MD	21093

Purpose of Disbursement  
In-kind - LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2015

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.4140

**C. GARTH C. PHOEBUS**

Mailing Address 2050 SPRING RUN CIRCLE

City	State	Zip Code
FREDERICK	MD	21702

Purpose of Disbursement  
In-kind - PHOTOGRAPHY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4133

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. WELLFONDERGROUP**

Mailing Address 17 EMILY DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2015

City	State	Zip Code
SALISBURY	MD	21804

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
WEB SERVICESCategory/  
Type

Transaction ID : SB17.4161

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

10488.31